

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 578001

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9		8				
10		8				
11		8				
12		6				
13		8				
14		6				
15		6				
16		6				
17		6				
18		6				
19		2				
20	1					
21	1					
22	1					
23	1					
24		4				
25		4				
26		4				
27		2				
28		4				
29		3				
30		3				
31		3				
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48						
49						
50						
TOTAL IND.	12	↓		↓		↓
TOTAL DEP.	100	←		←		←
TOTAL CLAIMS	112					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						